

THE WEST VIRGINIA SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS



216 Brooks Street, Suite 201
 Charleston, West Virginia 25301
 (304) 342-5461
 E-mail: wvscpa@wvscpa.org
 Website: www.wvscpa.org

NON-LICENSED EDUCATOR MEMBERSHIP APPLICATION

Please Print Clearly

Name: _____ Gender: Male Female
(First) (Middle) (Last) (Suffix - Jr. Sr., etc.)

Home Address: _____ Home Phone: _____
(No. & Street) (City) (County) (State) (Zip)

Personal E-mail: _____ Cell Phone: _____ Birth Date: _____

Name of College/University: _____

Address: _____
(No. & Street) (P.O. Box)

(City) (County) (State) (Zip)

Work E-mail: _____ Work Phone: _____ Fax: _____

Position: _____ Send mail: Home Office

College Attended: _____ Month/Year Graduated: _____

Member AICPA: Yes No Member # _____

Application Fee and Membership Dues:

Dues to end of year <small>(See schedule on back)</small>	_____
Application Fee	<u>\$30.00</u>
TOTAL DUES AND FEES	_____

PAYMENT METHOD	
<input type="checkbox"/> Check made payable to WV Society of CPAs	
<input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> Amex <input type="checkbox"/> Discover	
Card # _____	_____
Expiration Date _____	VCode _____
Address _____	
<small>(Address credit card statement comes to)</small>	

Signature _____	

Applicant's Statement: To the best of my knowledge and belief the information contained herein is true and correct. I agree to abide by the decision of the Board of Directors as to the disposition of this application. I agree, if admitted, to be governed by the bylaws and rules of professional conduct of the Society, and should my membership be terminated for any reason, to return to the Secretary of the Society the membership certificate if one has been issued to me.

Signature _____ Date _____

FOR OFFICE USE ONLY	
Application Reviewed By: _____	Date Reviewed: _____
West Virginia Society No.: _____	Admission Date: _____

Certificates are not issued to Educational Members of the Society.

